

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000054912

FILED
Oct 14, 2009
Secretary of State

Entity Name: TIFFANY NORTH PORT, LLC

Current Principal Place of Business:

404 FAWNS RUN
MORGANVILLE, NJ 07751

New Principal Place of Business:

Current Mailing Address:

404 FAWNS RUN
MORGANVILLE, NJ 07751

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HARRISON, KIRKLAND, PRATT & CHULOCK, P.A.
1206 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARMINE FALCONE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FALCONE, CARMINE
Address: 404 FAWNS RUN
City-St-Zip: MORGANVILLE, NJ 07751

Title: MGR () Delete
Name: FALCONE, CYNTHIA
Address: 404 FAWNS RUN
City-St-Zip: MORGANVILLE, NJ 07751

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARMINE FALCONE

MGR

10/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date